

## PA Request Reference Guide - Submission Types and Documentation

Review Type	Acceptable Submission Types	Submittal Form	* Additional Documentation Required (not captured on online form)
<b>Hospital Inpt/Outpt Procedures</b>	Phone Web Fax/Mail	<u>Fax/Mail</u> : Hospital Request Form <u>Web</u> : Online form for Inpatient Admissions and Outpatient Hospital procedures	N/A
<b>In-State Transplants</b>	Web Fax/Mail	<u>Fax/Mail</u> : Hospital Request Form <u>Web</u> : Online form for In-state Transplants	<u>Fax/Mail/Web submission</u> : Pertinent medical record information supporting transplant request.
<b>Out-of-State Services (OOS)</b>	Web Fax/Mail	<u>Fax/Mail</u> : OOS Request Form <u>Web</u> : Online form for Out of State Services	<u>Fax/Mail/Web Submission</u> : Letter of Medical Necessity to include current clinical summary, treatment plan, reasons for OOS request, anticipated/scheduled DOS, estimated length of treatment/stay. Additional medical documentation to include: pertinent past medical history, surgeries, and treatments; diagnostic reports, indication that requested treatment/service is not available in GA, and psychosocial evaluation
<b>Radiology PA</b>	Web only	<u>Web</u> : Online form for Radiology Physician Office Radiology Facility-Setting	N/A
<b>Medications PA</b>	Web only	<u>Web</u> : Online form for Medications PA Physician Office Medications PA Facility-Setting	N/A
<b>Hospital Outpatient Therapy</b>	Web only	<u>Web</u> : Online form for Hospital Outpatient Therapy	N/A
<b>Practitioner's Office Surgical Procedures</b>	Web Fax/Mail	<u>Fax/Mail</u> : Use Hospital Request Form <u>Web</u> : Online form for Practitioner's Office Surgical Procedures	N/A

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Review Type	Acceptable Submission Types	Submittal Form	Additional Documentation Required (not captured on form)
<b>Additional Psychiatric/Psychological Services</b>	Web Fax/Mail	<u>Fax/Mail</u> : Medicaid Request for Outpatient Psychotherapy Services Form <u>Web</u> : Online form for Additional Psychiatric or Psychological Services	N/A
<b>DME/AAC Device</b>	Web Fax/Mail	<u>Fax/Mail</u> : DMA-610 Form <u>Web</u> : Online form for Durable Medical Equipment	<u>Fax/Mail submission</u> : Prescription from Physician, DME Evaluation by licensed professional and additional documentation applicable to service requested. <u>Web submission</u> : Prescription and evaluation captured on online form. Additional documentation applicable to service requested
<b>Orthotics/Prosthetics</b>	Web Fax/Mail	<u>Fax/Mail</u> : DMA-610 Form <u>Web</u> : Online form for Orthotics and Prosthetics	<u>Fax/Mail submission</u> : Prescription from Physician/ Evaluation by licensed professional <u>Web submission</u> : Prescription and evaluation captured on online form
<b>Hearing</b>	Web Fax/Mail	<u>Fax/Mail</u> : DMA-610 Form <u>Web</u> : Online form for Hearing Services	N/A
<b>Vision</b>	Web Fax/Mail	<u>Fax/Mail</u> : DMA-81 Form <u>Web</u> : Online form for Vision Services	N/A
<b>EPSDT/Adult Dental</b>	Web Fax/Mail	<u>Fax/Mail</u> : ADA Claim Form (ADA 2000) <u>Web</u> : Online form for EPSDT Dental or Adult Dental	<u>Fax/Mail/Web Submission</u> : X-rays, molds, and operative reports as applicable
<b>Oral Maxillofacial Surgery</b>	Web Fax/Mail	<u>Fax/Mail</u> : Hospital Request Form <u>Web</u> : Online form for Oral/Maxillofacial Surgery	<u>Fax/Mail/Web Submission</u> : X-rays or molds as applicable
<b>Emergency Transport</b>	Web Fax/Mail	<u>Fax/Mail</u> : Ground and Air Ambulance Prior Approval Form <u>Web</u> : Online form for Air Emergency or Ground Emergency	N/A

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Review Type	Acceptable Submission Types	Form for Submissions	Additional Documentation Required
<b>Non Emergency Transport</b>	Web Fax/Mail	<u>Fax/Mail:</u> Exceptional Transport PA Request Form DMA-322 <u>Web:</u> Online form for Non Emergency Transport	N/A
<b>Additional Physician Office Visits</b>	Web Fax/Mail	<u>Fax/Mail:</u> Additional Physician Office Visits Request Form <u>Web:</u> Online form for Additional Physician Office Visits	N/A
<b>Children's Intervention Services</b>	Web Fax/Mail	<u>Fax/Mail:</u> DMA	<u>Fax/Mail/Web Submission:</u> Letter of Medical Necessity Written Service Plan Written Service Plan/Letter of Medical Necessity Current Progress Notes IEP/IFSP or documentation to support the child does not have one Standardized Testing
<b>Independent Care Waiver (ICWP)</b>	Web Fax/Mail	<u>Fax/Mail:</u> DMA-6 form and ICWP DMA-80 Form <u>Web:</u> Online DMA-6 and DMA-80 for ICWP	<u>Packet Information:</u> Narrative Summary Care Path (10- 12 pages) New PAF form Variance Tool Reference Sheet- Appendix H5 ICWP Financial Summary – Appendix H3 Equipment List/supplies required per month – Appendix H2 Address Status Form

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Review Type	Acceptable Submission Types	Form for Submissions	Additional Documentation Required
<b>Georgia Pediatric Program (GAPP)</b>	Web Fax/Mail	<u>Fax/Mail</u> : DMA-6A form and GAPP DMA-80 Form <u>Web</u> : Online DMA-6A and DMA-80 for GAPP	<u>Initial Placements</u> : Letter of Medical Necessity Care Plan Medical Plan of Treatment (MD-POT) GAPP Assessment Form (Appendix K) IFSP or IEP Insurance Information  <u>Renewals</u> : Letter of Medical Necessity Care Plan GAPP Assessment IFSP or IEP Insurance Information Summary Report Nurses Notes
<b>Swingbed/ICF-MR</b>	Web Fax/Mail	<u>Fax/Mail</u> : DMA-6 (Adult) or DMA-6A (Peds) <u>Web</u> : Online form for SW/ICFMR request	N/A
<b>PASRR</b>	Web Fax/Mail	<u>Fax/Mail</u> : PASRR Level I Application DMA-613 <u>Web</u> : Online form for Level I	N/A
<b>TEFRA Katie Beckett</b>	Mail/Fax only	<u>Fax/Mail</u> : DMA-6A	<u>Packet Information</u> : DMA-6A DMA care plan Therapy notes (if applicable) Psychological evaluation IEP or ISFP (if available)

**\*Required documentation may be submitted via fax/mail; or attached to a case via the web portal.**